

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39949
 Do not use this space.

DEC 13 1937

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis,** (d) Street No. **St. Anthony Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Ben Bruemleve**

(a) Residence, No. **2852 Keokuk St.** St. **24**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 29, 1879.**

7. AGE YEARS **58** MONTHS **5** DAYS **26** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Day Laborer**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany.**

13. NAME **Bernard Bruemleve**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany.**

15. MAIDEN NAME **Anna M. Klaas**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany.**

17. INFORMANT **C. Schnaus**
 (ADDRESS) **2852 Keokuk St.**

18. BURIAL, CREMATION, OR REMOVAL

S. Peter and Paul Cem. DATE Nov. 29, 1937

19. FUNERAL DIRECTOR **J. H. Gebken Lx 240**
 (ADDRESS) **2842 Meramec St.**

20. FILED **NOV 24 1937** **J. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 25** 19 **37**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 10** 19 **37** to **Nov 25** 19 **37**

I last saw him alive on **Nov 25** 19 **37**. Death is said to have occurred on the date stated above, at **7:20 P.** m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset **Nov 10-37**

Other contributory causes of importance:

Arterio-sclerotic changes

Name of operation **none** Date of.....

What test confirmed diagnosis? **Cerebral** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify **nasal cancer**

(Signed) **W. H. Brand**, M. D.

(Address) **2318 B. Brand**

STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken, Licensed Embalmer No. 2120

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Herman A. Gebken

Licensed Embalmer No. 2120

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)